

Louisiana Department of Public Safety and Corrections
Office of State Police – Bureau of Investigation

And
Louisiana Department of Health and Hospitals
Office of Public Health

LSP EOC CIR #:

Date Assigned:

Submitting Agency:

INITIAL COMPLAINT/OFFENSE REPORT

Location	City and Parish	Nature of Complaint/Offense	Complainant
Complaint (<i>why suspicious</i>)			
Received By	Received Via	Time of Offense	Date of Offense
Officer(s) Assigned		Time of Complaint	Date of Complaint

SENDER	Name/Business:	<input type="text"/>
	Address:	<input type="text"/>
	City:	<input type="text"/>
	State:	<input type="text"/>
	Country:	<input type="text"/>

RECIPIENT	Name/Business:	<input type="text"/>
	Address:	<input type="text"/>
	City:	<input type="text"/>
	State:	<input type="text"/>
	Occupation & Location:	<input type="text"/>
Telephone Number:	<input type="text"/>	

DELIVERY	Postal, UPS, FedEx, etc.:	<input type="text"/>
	Delivery Date & Time:	<input type="text"/>
	Delivery Location: (doorstep, mailbox, mailroom, etc.)	<input type="text"/>
	Postage Amount & Description:	<input type="text"/>
	Postmark/Origin:	<input type="text"/>
Tracking Number:	<input type="text"/>	

DESCRIPTION OF PARCEL (Peculiarities)
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Check all those that apply:

- ☐ Excessive Postage
- ☐ Handwritten or poorly-typed addresses
- ☐ Incorrect title(s)
- ☐ Title, but no name
- ☐ Misspellings of common words
- ☐ Oily stains, discolorations, odor, or unknown substance
- ☐ No return address
- ☐ Excessive weight
- ☐ Lopsided or uneven envelope
- ☐ Protruding wires or aluminum foil
- ☐ Excessive security material such as masking or packaging tape, string, etc.
- ☐ Ticking sound
- ☐ Marked with restrictive endorsements such as "Personal" or "Confidential"
- ☐ Shows a city or state in the postmark that does not match return address

Ever received mail/package from this sender before? ☐ Yes ☐ No

Package Contents:

Exposure List:

Other Comments/Narrative:

Transported by (Name, Agency, Contact Number):

Prior Threats – Possible Criminal/Terrorism Act:

HM _____ Secured; Seized by HQ _____ for testing at DHH Lab _____

Reporting Officer's Signature	Officer's Name and Number	Date
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Disposition:

DPSSP 3235

I, _____, authorize Louisiana State Police to seize the above-mentioned item(s) and to secure and test if applicable. I further understand that this property may be disposed of in a manner to be determined by Louisiana State Police.

DHH LAB
Receipt: _____
Representative Receiving Sample Time and Date

Signature: _____

Time and Date: _____

PLEASE CHECK APPROPRIATE LAB LOCATION THE SAMPLE WAS SUBMITTED TO:

<input type="checkbox"/> OPH-Shreveport Lab # _____	<input type="checkbox"/> OPH-Lake Charles Lab # _____	<input type="checkbox"/> OPH-New Orleans Lab # _____
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Date of Lab Results _____ Results: B. anthracis (Anthrax) ☐ Detected ☐ Not Detected